

MOTION BY SUPERVISOR GLORIA MOLINA

May 26, 2009

**REVISED**

There is no question that our health care system is broken. As a nation we spend approximately ~~\$500 billion~~ **\$2.1 trillion** or 15% of our Gross Domestic Product (GDP) on health care, yet 45 million U.S. residents remain uninsured. In Los Angeles County, approximately 2.5 million people or nearly one in four County residents are uninsured. Since over half of the population receives employment-based insurance coverage, the worsening economy and mounting job losses will only increase that number.

At the national level, President Obama has clearly signaled his intention to change the health care status quo and to embrace innovative programs that stress prevention, patient health information exchange and public-private partnerships. At the statewide level, the renewal of the Hospital Waiver presents an excellent opportunity for this County to act boldly to develop a regional integrated model of care delivery that will efficiently weave together public and private health care providers into an effective safety net for our most vulnerable county residents.

The Camino de Salud Network (CDSN) at the LAC+USC Medical Center is one such integrated model. CDSN integrates private community clinics and private hospitals with the

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LAC+USC Healthcare Network to improve access to primary care by assigning medical homes to users and working to coordinate primary care with inpatient and outpatient specialty and diagnostic services. The program has a number of critical components which are essential to its success, including patient flow redesign, which assigns patients to a primary care home in their neighborhood, patient health information sharing, care management for frequent emergency room users, provider practice redesign which expands the capacity for primary care providers to manage more complex chronically ill and specialty care patients, and expansion of decentralized and shared diagnostic units.

Since its launch as a pilot program in 2005, CDSN has assigned over 9,000 LAC+USC patients to a primary care home, has demonstrated sustained decreases of more than 50 percent in inpatient and emergency department reutilization for seriously ill patients through the care management program, has engaged LAC+USC specialists to partner with and train community clinic primary care providers to better manage chronically ill patients, saving at least 530 hours of specialty care visits, expanded and decentralized diagnostic services including the initiation of a mobile unit that has provided over 640 echocardiograms to uninsured patients at community clinics, an outpatient endoscopy center at Hudson CHC, and placement of optometry services at a community clinic with over 600 optometry visits in the first few months of operation.

The need to address core elements of an integrated system is critical. Deliverables being considered in the current state waiver discussions are directly related to the development of an integrated model as envisioned by this motion including:

- Establishment of a medical home for patients
- Improving access to preventive services
- Elimination of health disparities
- Improved management of the most vulnerable patients
- Promotion of quality improvement activities
- Utilization of information technology to improve quality and efficiency of care

With direction from this Board and focused resources and attention from DHS and CEO, the core elements of the Camino de Salud Network model could be expanded and replicated countywide into a number of regional integrated health care delivery networks that can be customized to meet the specific needs and leverage the specific resources of various parts of the County. Such a plan, which would incorporate a network-wide Health Information Exchange within and across each region, could provide a national model for health care delivery that our community so desperately needs.

I, THEREFORE, MOVE THAT this Board:

1. Direct the CEO and the Department of Health Services to develop a plan based upon the core components of the Camino de Salud Network model, such as medical homes, provider practice redesign for specialty care, care management for frequent users of hospital emergency department and inpatient services, health information exchange and others into a public-private model of regional integrated health care delivery networks across the County. The plan should build upon the extensive knowledge base and lessons learned from operating the program in the LAC+USC network, should determine how best to leverage existing public-private partnerships to implement the core components of the program within and across the various health clusters (i.e. Coastal Health Cluster, South/West Cluster, Antelope Valley Cluster), including appropriate management, timing and phasing of implementation and most importantly, should identify and propose all possible sources for funding such a model including, but not limited to, American Recovery and Reinvestment Act funding, as part of the State's 1115 Waiver proposal, and as a demonstration model for future Health Care Reform legislation.
2. Consistent with the work already underway on Supervisor Ridley-Thomas' April 7, 2009 motion regarding the feasibility of creating a Countywide Health Information Technology

Demonstration Project, direct CEO, CIO and DHS to include as a necessary component of this regional integrated health care delivery plan recommendations for a Health Information Exchange program which is scaleable and which would enable secure patient information sharing between the public and private participants in this regional integrated delivery model. The plan should include all possible funding sources for this model.

3. Direct the CEO, DHS, and CIO to report back on this Los Angeles Regional Integrated Healthcare Delivery Plan and recommendations for a Health Information Exchange program by June 30, 2009.

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